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CITY OF BOSTON.

R E P O R T

ON A

FREE CITY HOSPITAL.

(1861)

BOSTON:

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C I T Y O F B O S T O N .

In Common Council, June 6, 1861.

THE Joint Standing Committee on the Free City Hospital,
would submit the following

R E P O R T .

Fully impressed with the importance of the subject submitted for their consideration, the Committee endeavored to procure all information within their reach to enable themselves to do it justice. They had frequent conferences with the Consulting Physicians, as also with other distinguished members of the faculty. To the City Physician they are indebted for much valuable advice in the prosecution of their labors, and the almoners of private charity throughout the city, well able from their position to judge of the necessity of another hospital, cheerfully gave us the benefit of their experience. His Honor the Mayor, among the earliest to realize the importance of such an institution to complete the golden circle of charities for which Boston is justly distinguished, has evinced much interest in our progress. From his able report, City Document 1857, No. 37, which presents an eminently complete view of the whole subject, we have derived both instruction and encouragement.

The preliminary question whether such an institution is a public necessity in Boston, has been elaborately discussed for the

last twelve years in the City Council, and so invariably decided in the affirmative, that we should not have felt called upon to take it again into consideration, but for certain opinions expressed by gentlemen connected with the Massachusetts General Hospital. We were permitted to examine carefully every part of their buildings, and from the physicians and others in attendance received full and explicit details of their arrangements and management. The annual reports of the trustees and superintendent present a comprehensive statement of their financial condition, and of the number, nationality, and social position of the patients treated. The impression left upon the minds of the Committee by the information obtained at the hospital and from these reports, was that all the accommodation needed by the community could be furnished there, were its income enlarged.

The expenses, last year, were as follows:—

| | |
|---------------------------------|--------------------|
| Stores, medicines, &c. | \$ 19,360 43 |
| Salaries and wages | 12,450 58 |
| Fuel | 3,397 37 |
| Repairs, furniture, &c. | 7,370 01 |
| Total | <hr/> \$ 42,578 39 |

The aggregate number of patients admitted during the year 1860 was twelve hundred and forty, of whom about one thousand paid no compensation. The amount received from patients paying full or part board was \$5,200. The average expense per week, for each patient, was \$6.42. The annual income of the foundation applicable to the expenses of the hospital, exclusive of the board paid by patients, is not far from twenty thousand dollars, five thousand of which is from the Massachusetts General Hospital Life Insurance Company. Had it not been for an extra dividend the past year from the Life office of fifteen thousand dollars, one third of its accumulated earnings for the last five years, the expenditures would have exceeded the income.

There are in the hospital about two hundred beds. These are rather crowded, but the admirable system of ventilation and neat-

ness, of quiet and order pervading every part of the establishment, prevent this becoming a serious evil. About one half of these beds are free, vested funds or annual subscriptions providing for their support. Nearly all of them are virtually so, the proportion of paying patients being not much more than one fifth of the whole that are at different times under treatment. The largest number of inmates at any one time in the hospital, was one hundred and seventy-five in the winter of 1860; the average during that year being one hundred and twenty-eight. The number of applicants refused admission was two hundred and forty-seven, of which seventy-four were cases of consumption. A large proportion of patients treated were from other places than the city of Boston. It is stated that last year no suitable applicant was refused admission, and that seventeen hundred could have been accommodated instead of twelve hundred and forty, had so many applied and the means at the disposal of the hospital authorized their reception.

We should have been discouraged by these representations from any further thought of another hospital in Boston, at the present time, had we found that they produced upon the minds of those better able to judge of their bearing on the question the same impression as upon our own. Each of the Consulting Physicians, with a full knowledge of these facts, was in turn requested to express his views as to the expediency of erecting a city hospital the present year, and without one dissenting voice, all were unanimous in the conclusion that it ought to be commenced without delay. And in this many other gentlemen interested in our public charities concurred. Various reasons were assigned why accommodations were needed not furnished by the Massachusetts Hospital or those at Rainsford or Deer Islands. The former make it a rule to admit no contagions or epidemic diseases, no cases of childbed or consumption, neither chronic nor incurable cases. Though munificently endowed and managed with the greatest wisdom and liberality for the purposes to which they profess to limit their action, the refusal to receive patients in former years, and the supposed

difficulty of procuring admission for cases that would really be willingly received, have discouraged applications, and the numbers offering the past year afford no criterion of the extent of hospital accommodation actually needed. Numbers of the poor in miserable dwellings, domestics in out-of-the-way attics, strangers at hotels, are suffering from the want of proper care, who should find, within the walls of some hospital adapted to their condition and wants, comfortable and well ventilated apartments for their restoration. Twice, within the forty years it has been in existence, the presence of erysipelas or smallpox in its wards has rendered it necessary to close the hospital to new admissions, a few weeks, for its purification. If we possessed in Boston two institutions of the kind, or one provided like some of the puerperal hospitals abroad with two isolated buildings alternately used, this would have been attended with less serious consequences, since patients who should return to their homes under such circumstances would be very apt to carry with them the contagion. We have had more than once yellow fever among us, and Asiatic cholera, and that most fearful of maladies the smallpox, in its sporadic or epidemic form, is seldom absent, yet we have never had any proper place for the treatment of either. Other pestilential diseases, in forms more appalling than any heretofore known, may visit us and find us unprepared. It is true the Island hospitals answer very well in summer for many of these cases, but humanity shudders at the removal, in winter, of unfortunate victims of disease clinging to existence but by a thread, across six miles of ice-filled or storm-tossed waters, far beyond the reach or care of sympathizing friends. Physicians in charge of these hospitals, speak feelingly of the numbers who are brought to them, for whom proper accommodations should be provided within the city limits.

Another consideration in favor of immediate action was not overlooked. Mr. Goodnow died in 1851, leaving property to the value of about twenty-five thousand dollars, to be invested for the purposes of a city hospital, to be located either in Ward Eleven or at South Boston, where he resided. Mr. William

Evans, the past year, offered the city ten thousand dollars, the income of which was to be appropriated for the benefit of persons injured in the city service. This was to be on condition that the location should be where now established, towards the southerly end of the South Bay Lands, which he has been so instrumental in creating. Inquiries have been instituted of late on two several occasions, by conveyancers, which indicated the benevolent intentions of persons of wealth to make still farther provision for it by gift or bequest. When the institution is once in successful operation, that charity and public spirit which are so characteristic of men of affluence among us will select this as an appropriate object for still farther endowment.

These arguments and others equally difficult to resist, strengthened by the number and character of the petitioners who have so long urged upon the city government to establish a hospital, and whose earnestness in the cause seems little to abate, compelled us to the faith that the question of expediency remained where it was left by the Report of 1857, absolutely closed, and that the only subjects for us to consider were the location, erection, and organization.

Towards the close of the last municipal year about two thirds of the area at present fixed upon for the location, bounding on Albany Street, as laid out, and extending about four hundred feet towards Harrison Avenue, was assigned by the board of land commissioners, with the approval of the City Council, for the site of the proposed hospital. Many members of both branches would have preferred, for various reasons, a different position, one more central and elevated, more open to deep water, and on a natural formation. Our Committee entertained the same opinion, and the City and Consulting Physicians coinciding, the subject was reopened, and the Land Commission, to whom the question was referred, gave us a hearing, at which our medical advisers were present. The terms and condition of the will of Mr. Goodnow, confining the location to Wards Eleven or Twelve, and the only suitable sites at South Boston appearing to us to be too remote for the object, our choice was

confined to the South Bay Lands. We accordingly endeavored to effect a change of location to the neighborhood of Malden Street, in front of the open bay, and much nearer the centre of population. The objections offered proved that this would not be practicable, and it was finally concluded to extend the location, already made, up to Harrison Avenue.

The lot is now bounded northwestwardly on the Avenue 454 feet, southwestwardly on Springfield Street 630 feet, southeastwardly on Albany Street 452 feet, and northeastwardly on Concord Street 658 feet. It contains an area of 291,000 feet, or about six acres and seven tenths. Opposite its centre, on the other side of the Avenue, is Worcester Park. Between Albany Street and the water there is no probability of any building being erected to intercept the view or free circulation of air, as this space will probably be retained by the City, and leased, so as not to lose the control over it. Though made land, the present surface is seven feet above the original formation or marsh level, and the streets at a grade of full seventeen feet above mean low-water mark. It is believed to be sufficiently consolidated to afford secure foundations for a heavy building, piles being driven to the usual depth.

We consider the dimensions of this area none too large, and quite consistent with a judicious economy. It is true that the South Bay Lands have cost the city treasury nearly one million of dollars for about seventy acres of original marsh, or land redeemed from the sea. The market is glutted with building-lots on the Back Bay, and water-power territories, and many years must elapse before the city lands command a remunerating price. The more limited the quantity offered for sale, and the more attractive we render the neighborhood, the larger will be the amounts eventually realized. If the hospital buildings are ornamental, and the grounds extensive and tastefully disposed, this liberality will be amply compensated by the enhanced value of the lands which remain for sale. The importance of open spaces for light and the free circulation of air from the water is too obvious to dwell upon, and we think there can be but

one opinion as to the propriety of securing, while in our power, all the area that we need. Should inconvenience be experienced by proximity to the docks, a belt of evergreens on that side will be an important barrier against noxious effluvia. We doubt not that other remedies will be found, should these prove a more serious evil than is at present anticipated.

If Boston continues to prosper, the South Bay must in time be surrounded by a large population. The trade, already considerable, that finds its way through the five bridges over Fort Point channel to its wharves, will be greatly increased. Fuel, building materials, and the numerous articles needed for such branches of industry as may be established around its margin, will give new life to this sheet of water. Its area, which in 1852 was three hundred and forty-five acres, is now about three hundred. When the extension of Albany Street is completed it will be two hundred and sixty; and if filled up to the harbor lines, proposed by the commissioners to the legislature in 1854, will be but one hundred and sixty-five. The wisdom of thus reducing the capacity of the bay as a tidal reservoir may be reasonably questioned. Its mischievous consequences, however, may be lessened by excavation. The channel in front of the new city wharves has been deepened to six feet below mean low-water mark. Were the whole bay excavated to this depth, or even to ten feet, which would be more desirable, it would answer far better the purposes of navigation, all its shores being equally accessible to vessels of burden. This would contribute greatly to the salubrity of the air, since sewerage exposed to the sun upon the flats laid bare at low water, would load it with deleterious exhalations. It would make the location selected for the hospital much more eligible; for invalids are peculiarly sensitive to atmospheric influences, and no agency is of more efficacy for their restoration to health than that the air they breathe should be pure and wholesome. This is even of greater importance, in surgical cases, as a safeguard against gangrene and erysipelas.

Indeed, were we not convinced that the South Bay will in time be excavated, we should hesitate to recommend the erection of

the hospital on the proposed location. The accumulation of sewerage would soon make the bay an intolerable cesspool, pregnant with disease, until like the Back Bay, diverted from its legitimate uses as a public highway and tidal reservoir, it would fall a prey to the encroachment of the Commonwealth and riparian proprietors, and be filled up. In a harbor like our own formed mainly by the tidal wash, the Charles and Mystic yielding but a small proportion of the seour which ebbs and flows through its channels, changes should be ventured upon with extreme caution. But should there ever be found along these estuaries such compensations as have been recommended by the United States Commissioners, permitting the use of the bay as a full basin, it could be closed with gates at little cost. The water might then be maintained at sufficient height to prevent miasmata, and the opening of the gates for the passage of vessels, two hours at high flow and ebb, would freshen its whole mass. This would add much to the beauty of that part of our city, creating an inner water space that may rival the celebrated Inner Alster of Hamburg.

It would still further contribute to the healthiness of both Roxbury and Boston, if the drains should empty into capacious sewers, of little height, constructed with several strong parallel arches under Albany Street and Harrison Avenue to discharge at low tide at Dover Street bridge, or what would be on many accounts more judicious, if as is believed practicable, at a cost commensurate with the advantages to be gained, into Dorchester Bay. The water of the basin could then be used at stated periods to flush these sewers and sweep their more solid contents to the sea. Perhaps with the rapid march of improvement these would be turned to account, and employed as in other countries, to fertilize the soil.

We lament the distance of the site selected from the centre of population. This inconvenience will be obviated in some measure by distributing about the city ambulance wagons, contrived for the purpose of carrying to the hospital, without jar or exposure, patients unable to endure the motion of ordinary vehicles; upon

their arrival they can be raised without exertion by the lift to the wards. Telegraph wires, connecting the hospital with the office of the City Physician and Station Houses, will save parties the necessity of direct application to the superintendent, and economize moments often fraught with life or death in cases of casualty or critical disease.

Although in February the signs of the times were somewhat unpropitious for the undertaking of new enterprises attended with expense, yet intending nevertheless to recommend the immediate commencement of the work, we advertised for plans, offering a premium of three hundred dollars for the best. Fourteen were offered of various degrees of merit, essentially differing in arrangement, and embracing a wide scope for selection. These were carefully examined and studied by the Committee, the City and Consulting Physicians, and by several of the original petitioners. At the time they were submitted, in April, the attack on Sumter had plunged us into civil war, and discouraging expenditures not absolutely unavoidable, we allowed ourselves ample time to understand them thoroughly before pronouncing on their comparative deserts. All of them evinced so much thought, intelligence, and professional skill, such a nice appreciation of what was required, that we were long at a loss to determine which could claim the pre-eminence. They were generally accompanied by explanations at length, embodying much valuable learning on hospital science. We finally concluded to approximate to a decision by a reversed process, one after another being rejected, until the selection was narrowed to three or four.

At this point the Committee remained long undecided, opinions being at variance as to which was absolutely best. Not otherwise hoping to arrive at any conclusion, upon consultation with the competitors, between whom in our judgment the premium fell, it was determined to award the first plan, with two hundred dollars, to Mr. Bryant; the second, with one hundred dollars, to Mr. Ropes. The plan of the former seemed not only best adapted for a general hospital and the treatment of every variety of disease, from the isolation of its several pavilions, but to com-

bine an imposing appearance with great economy in construction. It has the especial recommendation of being susceptible of gradual and indefinite extension, admitting of a commencement involving little outlay, yet complete as far as it goes. Mr. Ropes established his claim to the favorable opinion of the Committee by internal arrangements admirably disposed, and a distribution of parts, showing much judgment and artistic taste.

Among the plans which were especial favorites for their beauty of design, excellent disposition, and general adaptation, were those of Mr. Boyden, who has already gained many laurels by his public buildings in various parts of the Commonwealth. He was aided in the distribution of the apartments by Dr. John Green, of this city, whose professional familiarity with the hospitals of Europe materially contributed to the completeness of the work. The arrangement of the wards is on the parallel pavilion plan, carried out in the celebrated model Hospital Lareboissiere, in Paris. It combines economy with that most important feature never to be disregarded in edifices, likely to endure through successive generations or centuries, of being exceedingly beautiful in its external elevation. We reluctantly came to the conclusion that the estimated cost, one hundred and twenty-eight thousand dollars, for the central building and two pavilions accommodating two hundred patients, was beyond the limit of prudence in times like the present, and that the arrangement was not so well suited for our purpose of a general hospital as that of Mr. Bryant. The Committee showed their approbation of this elegant design, by a vote of fifty dollars as a gratuity, the plans to be left in the possession of the City.

We would also mention with especial praise a set of designs transmitted from Paris, by the son of one of our valued associates in the government, who has made civil architecture a study, and paid particular attention to this branch of his art. They arrived too late to be admitted to competition for the prize, but we hope to secure them for the use of the committee who shall be engaged in perfecting the final arrangements. The plan is mainly that of the Beaujon, one of the most highly esteemed among the hospitals of Paris.

Other designs, and especially those of Mr. Rand, Mr. Fehmer, and of Woodcock & Meecham, the latter of whom, two years ago, gained, besides the premium offered, much credit for their accepted plan of the garden, now in successful prosecution and daily revealing new beauties, we have endeavored to secure for the consideration of the City Council. Each of these has peculiar merits of its own, indeed not one of all that were presented but might perhaps have taken the premium offered had it been adapted to our particular purpose, or the tribunal been differently composed, for with all our endeavors to qualify ourselves for the task, and our aim to be impartial and conscientious, we feel all due diffidence of our ability to judge of their several claims to preference.

In determining the general arrangement of the different apartments for the proposed institution, it will be well to remember the diseases and classes of patients which we must provide for, but which are excluded from the Massachusetts. Many of these have been already enumerated. Malignant diseases, whether contagious or infectious, and especially when they come in the epidemic form in seasons of pestilence, must be isolated. Measles, varioloid, searlatina, many cutaneous complaints, besides consumption, and child-bed fevers, require also separate treatment. The sexes must have assigned to them distinct portions of the buildings, and medical and surgical patients are not usually mingled in the same wards. Where there are surgical cases, erysipelas is ever on the lurk, and often spreads its wildfire desolation in defiance of the utmost precaution. The only safeguard is in a multiplicity of rooms, and these open to the most searching ventilation, so that one when infected may be vacated and purified while the others are in use, without driving patients away from the hospital. Our exposure at all times to the sudden and insidious approaches of epidemic disease, and to the consequences of war counsel, for a wealthy and sensible community like that of Boston, the provision in advance of hospital accommodation far beyond any exigencies actually experienced.

One marked advantage we have over most European cities, and

many of our own, is our abundance of pure water. The benefits of this blessing are nowhere more appreciated than in hospital practice. One of the eminent physicians who compose our consulting board, expressed himself on this subject to the Committee with great earnestness and eloquence, recommending that baths of the most approved description, vapor, salt, and medicated, and of every other variety, should be liberally introduced into the arrangement, not simply for the sake of cleanliness but as a means of cure. This feature has not been so prominently embraced in the designs offered as we could have wished, but should be borne in mind by those to whom may be intrusted the erection of the hospital. We would also suggest the policy of open fireplaces as an important part of all approved systems of ventilation, and that the windows, either with French sashes or sliding into the wall, should open as near as possible to the ceilings of the wards. We would also recommend that the sewerage of the house should be carried as directly as possible outside the walls, no drains being permitted to run under the buildings. It would seem advisable that the ground should be raised sufficiently above the grade of the street, in terraces or slopes about the buildings, to admit of the present level of the field being that of the cellar floors. Should these floors be properly paved with brick, to exclude all exhalations from beneath, and the surface of the ground generally be covered with garden-earth and vegetation, the position, though artificial, will prove very nearly as salubrious as upland.

After the commencement of the work we shall have abundant time, during its progress, to organize the details of its management and control. But as, in the early part of this report, we have stated the annual expenditures of the Massachusetts Hospital, which have always been upon a scale of great liberality, we would remove the natural but still erroneous impression that these must necessarily serve as a standard for our own institution. The noble endowments, the class of patients, and the character of the cases treated, have justified very different rules for their government from what good policy would dictate for ours.

The inmates of the public institutions, charitable and reformatory, averaging about twelve hundred and fifty souls are maintained at a cost of about two dollars a week, the aggregate disbursements being about one hundred and seventy thousand dollars, from which there is to be deducted about thirty thousand for income. The nourishment of the sick will be more costly, but still will be in a measure graduated by the degree of comfort to which they may have been previously accustomed.

Already, physicians of standing in their profession have volunteered their services as regular attendants, and the generous readiness evinced at all times by the faculty to give the poor the gratuitous benefit of their experience, encourages the hope that a public charity like this will secure the best medical and surgical talent. Apart from the benevolent impulses to which they have ever thus promptly responded, clinical experience is the path to eminence as well as to lucrative employment, and this, if not their incentive, will prove their reward. The illustrious example of Florence Nightingale has been emulated in all countries by noble women wise enough to know that employment in contributing to the welfare of others, and especially of the poor and needy, is happiness here and hereafter, but who consecrate their lives to pious duties, actuated by motives more generous than any such considerations. Sisters of Charity, Roman and Protestant, in foreign lands as in our own country, are discouraged by no fatigues, discomforts, or danger from regular attendance at the pillow of disease. That our community will produce many eager to devote their time to these duties, past experience forbids us to doubt. Educated in the best schools, among so many sources of knowledge, they will learn to rival that most excellent of nurses, Rebecca Taylor, whose well-merited praise from one who lives in the hearts of all of us, still echoes on the public ear. The accomplishments acquired in the hospital will carry comfort to the sick-bed, in the dwellings of the poor as also in the abodes of affluence. We would not grudge to such invaluable service its usual recompense. It should merely be so ordered that neither rich nor poor should be excluded from it.

We feel assured that no large annual appropriations will be required for the support of the institution when completed. But should the average charge of each patient equal or even exceed that in the existing hospital, when we remember the amount of suffering that will be relieved, the usefulness we shall restore to society, and the precious lives to be preserved from an untimely doom, all must feel that the outlay will be more than reimbursed, and that an edifice so sacred and so much in need should be raised at the earliest moment prudence will permit.

In the early moments of dismay and discouragement, occasioned by our national calamity, we naturally directed every effort to military preparation. Our expenses were economized, our resources husbanded, and all public works of magnitude not already commenced were postponed to a more convenient season. But the energy displayed by the vast preponderence of our people who continue faithful to constitutional obligations and legally constituted authority, is creating everywhere a feeling of security, a confidence in the eventual successful overthrow of the rebellion. The acknowledged disparity of forces in the field, our numerous reserve and ample resources, and the growing sense of the South that it has misapprehended northern sentiment and northern designs, lead us to hope for a speedy termination of this unnatural struggle—a restoration of that good fellowship and affection between the sections planted by Washington on Dorchester Heights, and by Greene at Entaw, which the insane ambition of party leaders will not be able again very soon to disturb.

If this hope have, as we firmly believe, reason for its base, we may well reconsider our first hesitation. If the hospital be an actual necessity, its erection is merely a question of time, and it can be constructed now with much greater economy than in a season of usual prosperity. Materials are at least one fifth cheaper than this year twelve month, and while we have under arms ready for service five thousand men not called for, because not supposed to be needed, other thousands are out of employment and in want, from the interruption of all industrial pursuits

and stagnation of business ; we must either find them in work or support them, with their families, in the almshouse. Our city bonds offer the most secure investment for money, which is now a glut in the market, our city fives commanding a premium.

If needed in peace, a hospital will be doubly needed now, for the glories of war are only to be purchased by disease and wounds, and it would be but a poor requital for services which at the hazard of life have saved our national existence and all we hold dear, did we not endeavor to secure in season for those who may require them, the best medical treatment, in comfortable rooms, and in as healthy a location as we can provide.

We do not propose to forestall the judgment of our associates in either branch as to the plan of the buildings to be erected. Had there been found among ourselves but one opinion as to the selection, the order offered would have specified it. But we doubt the policy of recommending any particular plan before every member has had an opportunity of comparing the different designs in the possession of the Committee. The collection of facts embraced in this report are the accumulation of several weeks, during which our attention has been busily occupied with the subject of hospital arrangement, and we would respectfully suggest that many who have not heretofore been called upon to give much thought to its consideration, will be better able to come to some conclusion after examination of these plans and of the views which we have presented. The orders offered can then be amended, in accordance with the prevailing opinion of the City Council, or recommitted with instructions, to report the plan that is preferred, in order to simplify final action. But whatever the decision, much latitude should be allowed to the committee superintending the construction : for if trammelled by a specific plan, without any liberty of modification, the City will lose the benefit of new improvements, as also of that constantly enlarging information and experience resulting from the long-continued consideration of what is best. It will be observed that the amount limited in the order is one hundred

thousand dollars. This can be reduced or increased, as may be determined, when action is taken.

As the most suitable season for building is rapidly passing, we respectfully invite the attention of every member to the wisdom of a speedy determination. And in order to narrow the question to a more definite issue, we would suggest that the plans of Mr. Bryant, for reasons already stated, were generally preferred both by the Committee and our medical advisers. As it may be concluded to build forthwith, and upon his plan, some estimate of the cost may not be out of place. Probably the most courageous would not venture to recommend at present more than the erection of the central building and two pavilions, with such detached offices as may be indispensable. The former sixty feet square, we are informed, will cost forty thousand dollars; the pavilions, one hundred and seventeen feet by twenty-eight, twenty thousand dollars each. In the opinion of the Committee, the principal front should be upon Harrison Avenue, and not on Springfield Street; and, if this be so decided, a rearrangement of the pavilions will become necessary. Some small additional sum will be needed for fences, shrubbery, and trees, and whatever remains of the loan can be appropriated for such simple furniture as may be required.

If one only of the pavilions be erected, complete for forty patients, the cost will be twenty thousand dollars. Should this last course be thought the most judicious, we must endeavor so to place it that, in case our successors should abandon the plan that we select and substitute another, it may not be in the way. Isolated buildings will always be wanted as a part of the establishment, whatever plan be adopted, and can always readily be worked into any grouping or arrangement that may be preferred by an artist of skill. It should be borne in mind in favor of the most extended plan that may be deemed consistent with prudent economy in the existing crisis, that the sound of the hammer and trowel are annoying to persons who are ill and suffering, and that the process of building at intervals will seriously interfere with any efforts to embellish the grounds with shrubbery or turf.

That full justice may be done to the designs of Mr. Bryant, a communication addressed by him to the Committee is appended for their explanation.

Should the City Council conclude to adopt this plan, and pass the orders attached to this report in season to allow of the immediate commencement of the work, it is anticipated that the buildings will be completed ready for occupation by the first of the coming year. It will be, consequently, good policy to provide in the course of the summer for the government of the institution. An ordinance for this purpose was drafted in 1857, being Document No. 78 of that year, but has never been acted upon. It should be revised, and rules and regulations framed under it, so that the City Council may have time to consider and pass upon them before the hospital is prepared for the reception of patients. Postponed to the last moment, they will be made in haste, and be less perfect than if matured with deliberation. If the orders pass in time for the driving of the piles in July, we would suggest that the ordinance should be taken into consideration as early as October, and the Trustees chosen in November.

THOMAS C. AMORY, JR.,
ELISHA T. WILSON,
PRESCOTT BARKER,
SUMNER CROSBY,
GEORGE W. SPRAGUE,

Committee.

CITY OF BOSTON.

In Common Council, June 6, 1861.

ORDERED: That the Committee on Public Buildings, in concurrence with the Joint Standing Committee on the City Hospital, be directed to erect suitable buildings for a City Hospital on a site selected for that purpose on Harrison Avenue, at a cost not exceeding One Hundred Thousand Dollars.

ORDERED: That the Treasurer be, and he is hereby directed to borrow, under the direction of the Committee on Finance, the sum of One Hundred Thousand Dollars, the same to be appropriated for the purpose of the erection of a City Hospital Building on Harrison Avenue.

S U B S E Q U E N T R E P O R T.

C I T Y O F B O S T O N.

In Common Council, June 13, 1861.

THE Joint Standing Committee on the Free City Hospital, would respectfully submit the following

R E P O R T.

At the last session of the Council, they offered a report which was laid upon the table, and ordered to be printed. When that report was read to the Committee on the day preceding that on which it was presented, it was adopted, and all present voted in favor of submitting it to the Council the following evening. The chairman was authorized to prepare orders to accompany the report, which he accordingly did. The Committee being now of opinion that orders distinctly and explicitly expressing a preference for some particular plan would be more in accordance with the expectations of the City Council than those submitted, recommended the passage of the following orders as substitutes for those before reported.

For the Committee,

THOMAS C. AMORY, JR., *Chairman.*

NOTE.— Corrections were made and a few facts added, with the consent of the Committee, while the report was in the press.

C I T Y O F B O S T O N .

In Common Council, June 13, 1861.

ORDERED: That the Committee on Public Buildings, in conncrrence with the Committee on the City Hospital, be directed to erect suitable buildings for a City Hospital on the site selected for that pmrpose, on Harrison Avenue, in general accordance with the plans of G. J. F. Bryant, to which a premimm has recently been awarded by the said Committee on the City Hospital, with such modifications as said Hospital Committee shall deem expedient, at a cost not exceeding One Hundred Thousand Dollars.

ORDERED: That the Treasurer be, and he hereby is authorized to borrow, under the direction of the Committee on Finance, the sum of One Hundred Thonsand Dollars, the same to be appropriated for the erection of a City Hospital on Harrison Avenue.

In Common Council, June 13, 1861.

Laid on the table, and, with the plans, ordered to be printed with the first Report.

Attest: W. P. GREGG,
Clerk of the Common Council.

LETTERS FROM CONSULTING PHYSICIANS.

May 23, 1861.

MY DEAR SIR: I have examined, with some care, the several plans for the proposed "Free Hospital" that are now at the, City Hall. I should give the preference to that of Mr. Bryant, as it seems to me to afford more complete means of ventilation and for isolating the patients than any one of the others.

I remain very respectfully yours, &c.,

GEORGE HAYWARD,

Pemberton Square.

T. C. AMORY, JR., Esq.

Boston, April 27, 1861.

MY DEAR SIR: In my opinion, the plan of Mr. Bryant—the pavilion arrangement, with the buildings most separated—is decidedly preferable to any other of those which I examined, for the varied purposes of a City Hospital.

Respectfully yours,

JOHN JEFFRIES.

T. C. AMORY, JR., Esq.

Boston, June 19, 1861.

MY DEAR SIR: From such examination as I have been able to make of the various plans submitted for the building of a City Hospital, I am ready to say that I am well pleased with the plan offered by Mr. G. J. F. Bryant, and consider it worthy to be adopted whenever this charitable enterprise shall be carried into effect.

The city government will, in their wisdom, determine whether the present is the most eligible time for incurring the outlay necessary for building and supporting such an establishment.

Very respectfully yours,

JACOB BIGELOW.

THOMAS C. AMORY, JR., Esq.

Beacon Street, April, 26, 1861.

DEAR SIR: I desire to thank the Committee on the "Plans &c.," and to say that, having examined them carefully, I think the three best are those presented by Messrs. Bryant, Ropes, and Richards. One of Mr. Richards's ground plans, you will perceive, is a copy from the one in my letter to the City, a year since. But that of Mr. Bryant, is a great improvement on that, and in its general blocking, separation, and elevations, decidedly and practically superior to all the others.

The elegant French facade plan is too complicated, and sacrifices too much of the hospital apartments to the central and less essential parts.

Very truly and respectfully,

HENRY G. CLARK.

HON. THOMAS C. AMORY, JR., *Chairman.*

No. 4 COURT STREET, BOSTON, April 12, 1861.

THOMAS C. AMORY, JR., Esq.,

Chairman of the Committee of the City Council on the Free City Hospital.

SIR: I respectfully submit, for the consideration of your Committee, a design for the proposed Free City Hospital, under your "Notice to Architects," of March 1, 1861, together with the following general description of the plan, a statement of the principles taken as a basis for my guidance in arranging the exterior and interior of the plans, and also the points of merit claimed for buildings constructed in accordance with these principles and arrangements as hereinafter set forth.

The design embraces a basement plan, and a first or principal story plan; the latter corresponding in its general details with a story designed to be located above the first story, as the second story of the wards, as well as the upper of the three stories of the building.

An exterior view accompanies the set of plans of the stories aforesaid, which illustrates the grouping of the wings with reference to the centre or principal building, and the corridors designed for connecting said centre building and said wings. A bird's-eye view of the design is also given as an important illustration of the true effect of the proposed plan. An index upon the plans of stories explains at a glance the contemplated uses and dimensions of the various apartments set forth thereon, rendering a recapitulation unnecessary in this communication.

The plan of the first or principal story over the basement shows the positions of the exterior boundaries of the lot appropriated by the city government for the contemplated institution,

in reference to the proposed building, and also exhibits the locations of surrounding streets, together with the grouping of paths, avenues, foliage, and other exterior useful and decorative adjuncts, within the fence enclosing the site. The exterior view also exhibits the proposed external grouping above referred to, together with the principal entrance, gateway, and porter's lodge.

The design offered by the undersigned is modelled upon the "Pavilion Plan," so called, now universally conceded to be the true basis of a successful arrangement of any large or general hospital.

This method of arranging hospital structures, besides being considered by all who are most conversant and familiar with the wants and uses of hospitals of all others the best, becomes, in the case of the city, an absolute necessity. For to introduce a single patient with a contagious or malignant disease would be to depopulate the rest of any one large structure, designed as one building, by the fear and danger of extending it to the other patients. This separation is also a necessary one for the sexes, for lying-in women and children, and for patients of any class who would disturb others.

The plan as exhibited by design provides the conditions essential to secure the health of a hospital, and which are principally the following, namely:

1. Sunlight and air. An east and west exposure is secured, the pavilions and wards lying north and south, or nearly so. Ample spaces for the different classes of patients, and also for the comfort of each separate patient.
2. An entire separation of the different classes and sexes, contagious or troublesome, from each other.
3. An easy and economical supervision — one head-nurse and two assistants being able to supervise from forty to fifty patients.
4. A simple, direct, and easy communication to and from all parts of the hospital.
5. A practically fire-proof structure of the wards.
6. Easy warming and perfect ventilating, and cleanliness and quiet.

7. The great simplicity of structure of the pavilions, and their mode of grouping, reducing the cost of their construction to the minimum, and especially making extensions and additions to the capacity of the hospital easy and practicable, without marring the general plan or increasing the cost or size of the central building.

8. The pleasant and harmonious appearance of the grounds and of the structures, upon completion, from all of the surrounding streets.

9. The great advantage derived by the city upon the exigency of an epidemic, or of any other occasion when it might be desirable suddenly to avail themselves of a hospital without the necessity of making any change of structure, or of endangering or alarming those already in the institution.

10. Its inexpensiveness, safety, and convenience, compared with any single structure, for the same number of patients. Each pavilion may be an independent hospital, and have all its cookery, washing, &c., done by itself, if necessary, in an emergency, or if contagion is feared, and without the slightest alteration in the plan presented.

11. Practical ventilation can be most effectually secured in a structure designed after the model proposed, without depending upon open windows and doors; and the same may be said of heating by flues and ducts in the floors, supplied with pure outside atmosphere carried into hollow chambers between floors and ceilings of each story.

The good and proper ventilation of buildings depend,

Upon their being placed in a salubrious and airy situation, that is, where there is a constant and unfailing supply of pure air.

Upon their free exposure to the morning and evening sunlight.

Upon a thorough separation of the wards from the central building, and from each other.

Upon the arrangement of channels for the admission of air, at a suitable temperature at all seasons.

Upon provision, by discharging ventiducts leading from every occupied room by enclosed pipes, to a central shaft or shafts, or chimneys, which shall be kept in constant and vigorous action by mechanical power, as a fan-wheel, or by heat or steam.

By such an arrangement of the windows that they also may be occasionally used for the great additional advantage of giving to the apartments a more direct, natural, and thorough airing than can be had by any artificial apparatus, however well contrived and however perfect, theoretically. The theory of using windows and spaces for light *only* is untenable, and therefore now very properly abandoned by the best experienced persons.

By avoiding always, as fatal to a perfect condition of the atmosphere of hospitals, *all enclosed courts, whether three-sided or quadrangular*, as a proper seclusion of the patients can be better had by other means, as by a little judiciously placed shrubbery or hedges upon the exposed sides.

12. Most effectual separation is secured by the distance of the pavilions from each other, and cannot be secured without, because it must be so great as to avoid the sounds, and the atmosphere, or emanations from one part being carried to another by a chance wind, or a change of its direction.

13. A thoroughly convenient connection of all parts with each other is obtained. This is as necessary as the preceding, and is conveniently and perfectly secured by this plan, as any patient or officer can pass from one part to another without the least trouble or exposure, or the intervention of stairs or dark passages.

14. The separate pavilions afford opportunities for all domestic duties to be performed in each building. It is believed, however, that the cooking, washing, ironing, &c., can all be performed in the basement story of the central building more economically and judiciously, excepting the preparation of teas, gruels, and other simples, which can be prepared much more readily and properly in the anterooms of the wards in each of the two stories of the pavilions. But, if it should be thought better, one of the buildings in the rear may be used for this purpose.

The design embraces six separate pavilions radiating from a

central structure, but entirely disconnected with said structure excepting by corridors or walks, each of the quadrant of a circle in form. The pavilions are intended to be so grouped with reference to the central building as to be located in parallel rows of two pavilions each, on three sides of the central building, at the distance of eighty feet therefrom. The ends of the pairs of pavilions face three of the four streets which surround the site, and are located one hundred feet back from the margin of the site or side of the street against which they face. The principal facade of the design which comprises two of the pavilions and the central building is designed to be located one hundred feet back of the margin of the site, on the Springfield side thereof, the centre building being however located one hundred and forty feet back from the said street.

Four of the six pavilions will accommodate from forty to fifty patients each, and are to measure one hundred and seventeen feet in length and twenty-eight in width. The remaining two pavilions are intended for twenty beds each, and are to measure eighty-nine feet in length and twenty-eight feet in width. All six of the pavilions are of three finished stories in height, to wit: basement and two dormitory stories. The central building is proposed to be sixty feet square, and is also three stories in height, arranged exclusively for the officers' apartments and other conveniences requisite for the care-taking and the supervision of the proposed institution.

The pavilions are to be so located as to be one hundred feet apart in the clear, and at an average distance of one hundred feet from the central building, thus securing the most ample space for light and ventilation to and between the several buildings composing the complete design. The arrangement and position of the buildings, in reference to each other, renders the erection of any two of the pavilions and the centre building, or even two of the pavilions without the centre building, a complete hospital inside, avoiding the necessity of erecting a building of more than the requisite capacity at the present time.

But while the sanitary arrangements of the proposed structure

have thus engaged, as is most fit, the most careful thought and attention which it has been in my power to bestow, I have not allowed myself to be insensible to the rare opportunity presented in this building for external architectural effect. The very necessities of the plan, as described above, are of themselves the sources of some of the highest architectural beauties. A central building with a portico surmounted by a bold and picturesque dome, and connected laterally by means of open colonnades, with advanced pavilions of a corresponding style of architecture, presents in its own absolute requisitions the groundwork for artistic effect of the highest order, and such as in buildings intended for other and different purposes, great additional outlay and serious inconveniences of arrangement have sometimes been submitted to in order to attain. The primary and secondary masses of light and shade in the composition are, by this arrangement, made to glide into each other by the most gradual transitions of effect, while the open screens of double columns in the corridors curve round into different relations of position and shadow with each footstep of the advancing spectator.

The architect in laying out the central building has, in conformity with the opinion of experienced persons, intentionally confined it to its present dimensions.

1. Because it is only a part of, and but one of the features of a plan, which unites and combines the group of buildings into a harmonious and beautiful architectural whole.
2. Because it contains ample accommodations for all the necessary officers.
3. Because a hospital being intended for the accommodation of patients and not for the attendants; and because, indeed, it is a hospital and not a hotel, he has not thought it advisable so to plan and lay out the buildings as to make an unduly large proportion of the cost fall upon the main or central building.
4. Because by too much extension of the central building, and by attempting to retain within it too close a connection with the pavilions, and too much of the administrative part of the hospital service, the great advantages of the pavilion system are imper-

illed, and the advantages sought and expected to be gained by it would be almost as effectually lost by too "huddled" a grouping of the pavilions as by their omission altogether.

The particular style chosen is the modern style of *Renaissance* architecture, a style which, from its own inherent beauties, not less than from its almost universal susceptibility of adaptation to structures of a dignified and monumental character, stands confessedly at the head of all the forms of modern secular architecture in the chief capitals of the world.

Respectfully submitted,

GRIDLEY J. F. BRYANT.



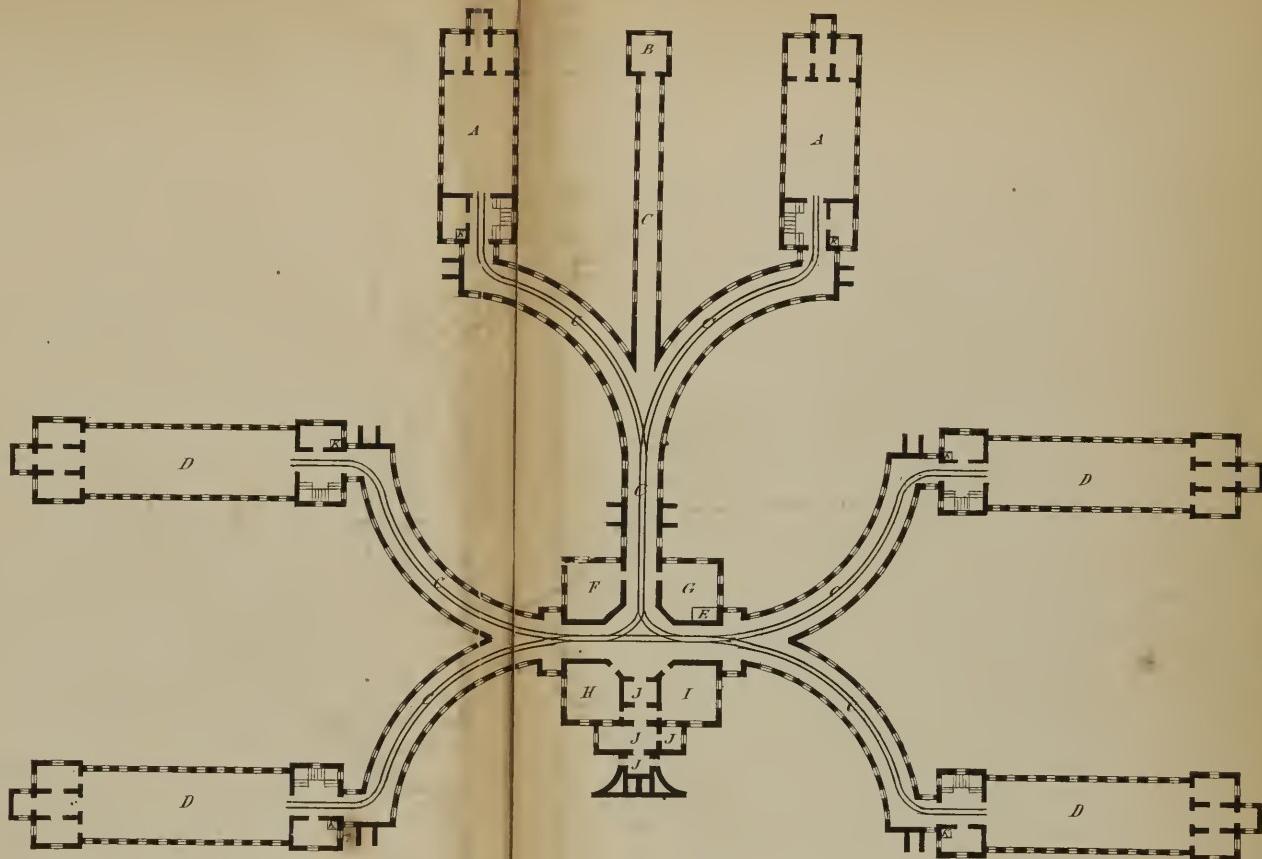
FREE CITY HOSPITAL.

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to

BASEMENT PLANS.

- Laundry, Baths &c.
- Foul washing
- Enclosed Passages
- { Apartments for storage, Fuel
and Exercising &c. &c.
- Passenger Elevator
- General Baking & Ironing
- General Washing.
- General Kitchen
- Family Dining
- Closets &c.
- Dumb Waiters
- Railroad Track



PLAN OF BASEMENT STORY

Scale $\frac{1}{6}$ of an Inch to one foot.

J. H. Bufford's Lith. Boston.



Gridley J. F. Bryant Arch.

FREE CITY HOSPITAL.

CONCORD

STREET

AVENUE

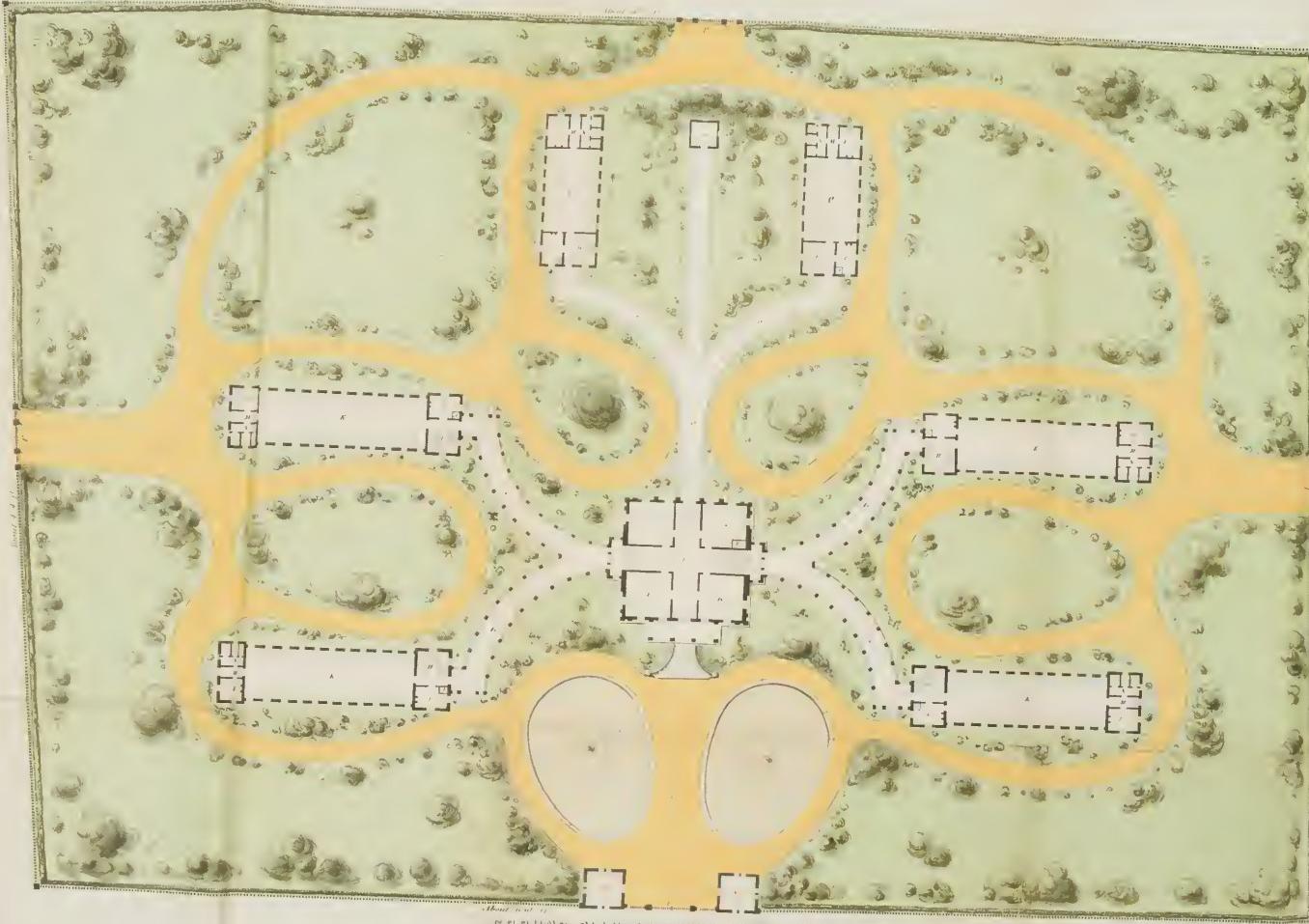
WORKS
SQUARE

1ST STORY
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HARVISON

STREET

ALBANY



GROUND PLAN OF FIRST STORY, SHEWING.

THE SITE

With arrangement of Entrances, Tremies and other exterior adjuncts

RECORDED IN MASON

STREET.

SPRINGFIELD

SCALE 1/4 OF AN INCH TO 1 FOOT

GRIELEY J. F. BRYANT, ARCHT.

BOSTON, APRIL 12th 1861

Oct 24th 1851

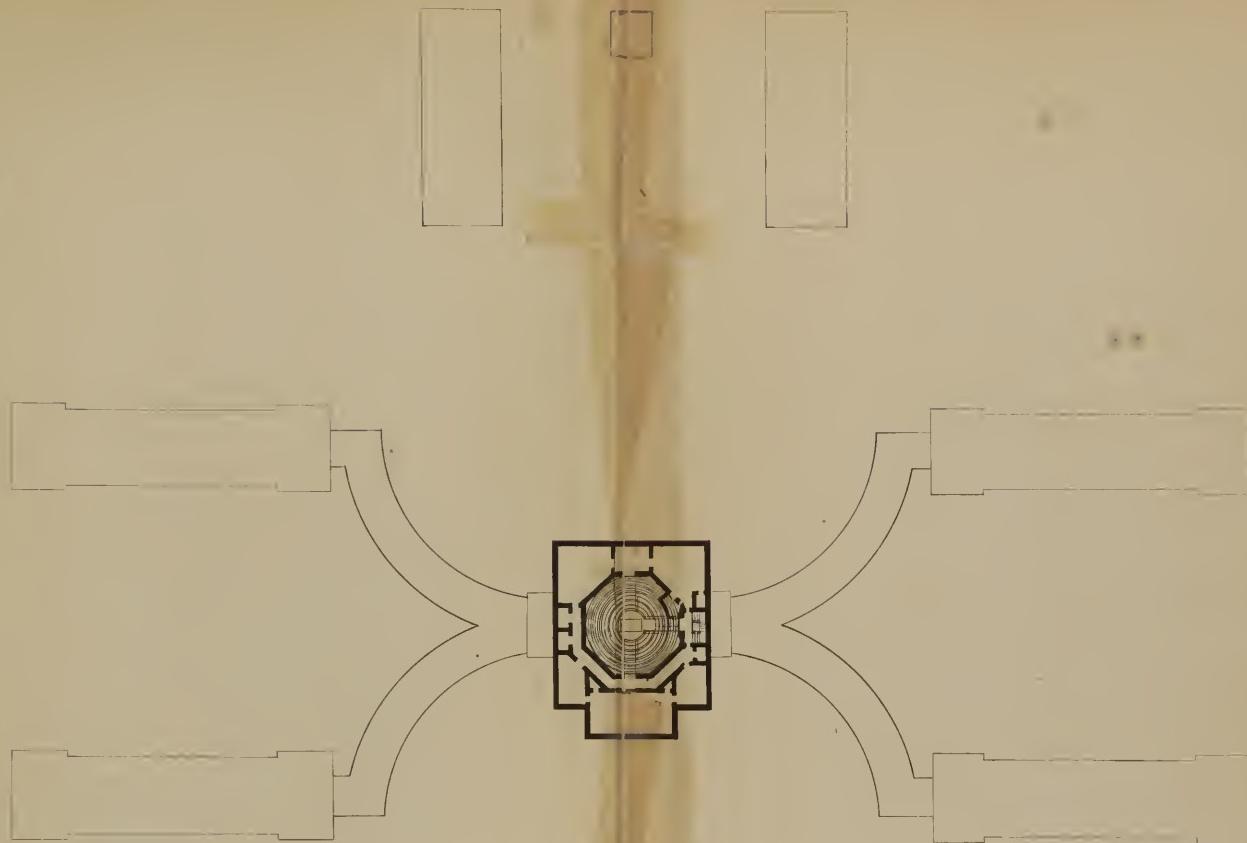
Tent in 30 ft. deep ravine (valley)

of gravel 105 ft. above base

N



FREE CITY HOSPITAL.



PLAN OF OPERATING THEATRE IN UPPER PART OF
CENTRE BUILDING.

Scale $\frac{1}{80}$ of an inch to one foot.

Gridley J. F. Bryant Arch't

J. H. Buffon's Lith. Boston.



FREE CITY HOSPITAL.



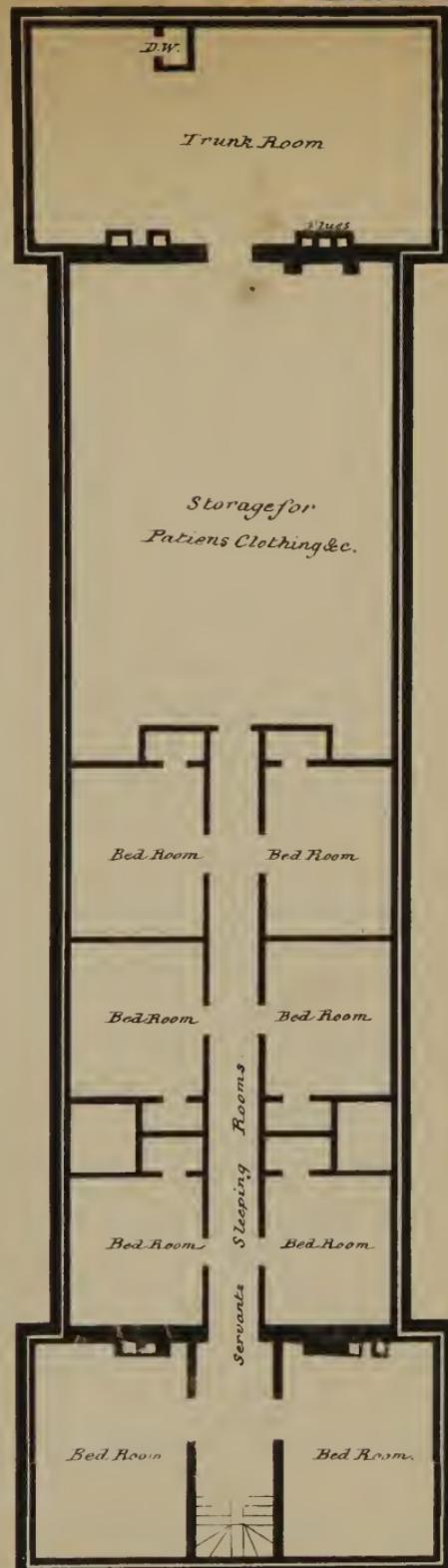
FIRST STORY
of one of the
PAVILIONS

Gridley, A. & Bryant, Archt's

J. H. Bufford, Lith. 513 Wash. St.



FREE CITY



ATTIC of one of the PAVILIONS

Gridley J.F. Bryant Arch't

J.H. Bufford Lith. 313 Wash. S



PLAN OF FREE CITY HOSPITAL SITE,

WITH STREETS & LANDS IN THE VICINITY.

Scale 100 Feet to an Inch.

JAMES SLADE,
City Engineer.

Architectural Drawing.



